

IN THE DELAWARE MUNICIPAL COURT

State of Ohio

Case No. _____

v.

Defendant

Motion for Limited Driving Privileges

Instructions: All fields must be completed. Any information on this form is subject to verification. If the motion is granted, a certified copy of the entry granting the motion will be mailed to the address on file with the clerk's office. Please call the clerk's office to change or update your address or request to pick up a certified copy of the entry in person. **All applicants must include current proof of insurance and court filing fee. Failure to provide insurance or pay the filing fee will result in denial of your application. Filing procedures can be found at www.municipalcourt.org.**

Please check one: Please mail entry granting driving privileges to me I will pick up entry granting driving privilege

Defendant moves the court to grant limited driving privileges as shown and certifies that the following is true and accurate:

1. Applicant's Current Residence Address (**Must be complete**): _____ 2. Driver's License # _____

Street _____ City/State/Zip _____ 3. Date of Birth _____

4. Employer/School Information

	1st Employer/School	2nd Employer/School
Employer/School Name	_____	_____
Street Address	_____	_____
City, State and Zipcode	_____	_____
Employer/School Phone	_____	_____

Normal work and school days and hours – EXCLUDING commute time. If hours are omitted your application may be denied. Excessive hours WILL cause delay/denial and/or lead to added restrictions.

	1st Employer/School		2nd Employer/School	
	From	To	From	To
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Check ONLY if you are "on call" during other hours. Explain "on call time" _____

5. Certain OVI offenders are limited to driving vehicles with restricted plates. Vehicle owners MUST submit OBMV Form 4808 for EACH vehicle to obtain plates. Forms are available at www.ohiobm.com.

The undersigned certifies the information herein is true, _____, 20____.

X _____
Defendant's signature (not required if filed by attorney)
Phone Number _____

X _____
Attorney Signature and Registration Number
PRINT name of Atty **X** _____